

**APPLICATION TO SERVE ON THE CITIZEN-BASED
ISLAND COUNTY COMMUNITY HEALTH ADVISORY BOARD**

Please mail your completed application to:

Laura Luginbill, MS, RD
Assessment & Healthy Communities
Island County Health Department
P.O. Box 5000
Coupeville, WA 98239

Phone: (360) 678-7939
South Whidbey: (360) 321-5111 x 7939
Camano: (360) 629-4522 x 7939
or e-mail at L.Luginbill@co.island.wa.us

If the spaces for responses on the application are not adequate, please feel free to provide additional statements, materials, or information that may better indicate your interest or qualification for serving on the advisory board. Submission of additional information is not a requirement.

Name: _____
Mailing Address: _____
City/State/Zip Code: _____
Home Phone: _____
Work Phone: _____
E-Mail Address: _____

If your home address is different from your mailing address, please list your home address:

Home Address: _____

How long have you lived in Island County?

- _____ Less than a year
- _____ 1-5 Years
- _____ 5-10 Years
- _____ 10+ Years

Please explain any experiences (personal or professional), knowledge, or special interests you have regarding the focus of the group for which you are applying (e.g. health, environmental health, and/or health systems).

Please list your occupational background and employment positions and dates. (Show employment for most recent five years of employment.)

Please describe your educational background.

Please list your membership (and roles) in organizations, boards of directors, advisory councils, or commissions.

Please list any other volunteer experiences you have had.

What would you like to see the board address? (e.g. key issue/needs in Island County)

If selected to serve on CHAB, how could your experience, special skills, and personal interests benefit the citizens of our community?

Are you willing to make the time commitment to attend meetings, read materials, and to stay informed about the needs of those with health issues, and work to develop programs to meet those needs? Membership in CHAB does entail participating in committee work, which averages about 2 hours total per month. Are you able to make the time commitment necessary to participate at this level? A 70% attendance is required of members on all boards/commission.

_____ YES _____ NO

Please list three references (Name, address, and phone):

1. _____

2. _____

3. _____

If you want more information about serving on the Community Health Advisory Board (CHAB), please contact Laura Luginbill, Assessment & Healthy Communities Director, at (360) 678-7939, or email: L.luginbill@co.island.wa.us.